

Key inspection report

Domiciliary care agencies

Name:	Havelok Home Domiciliary Care Agency
Address:	Brighowgate Grimsby S Humberside DN32 0QE

The quality rating for this domiciliary care agency is:	two star good service
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A quality rating is our assessment of how well an agency is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Theresa Bryson	1 4 0 7 2 0 1 0

This is a review of quality of outcomes that people experience in this agency. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the agency:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example User focussed services)

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people using this domiciliary care agency experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Domiciliary Care Agencies can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Internet address	www.cqc.org.uk

Information about the agency

Name of agency:	Havelok Home Domiciliary Care Agency
Address:	Brighowgate Grimsby S Humberside DN32 0QE
Telephone number:	01472310000
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Longhurst and Havelok Homes Ltd
Name of registered manager (if applicable)	
Mrs Angela Lorraine Mawer	
Conditions of registration:	
Date of last inspection	<input type="text"/>
Brief description of the agency	
This is a domicillary care service offering support to people in the community.	

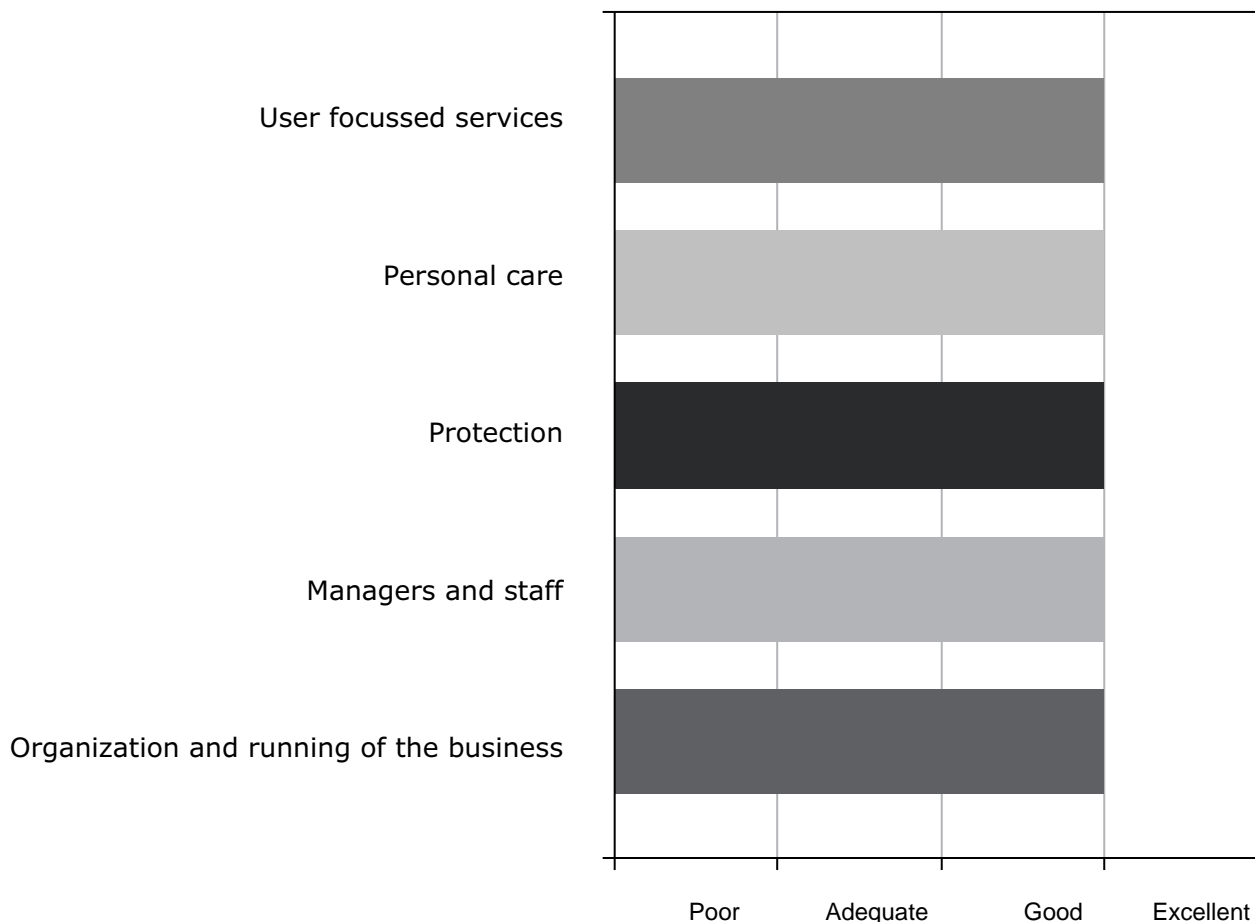
Summary

This is an overview of what we found during the inspection.

The quality rating for this agency is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This was the first key inspection for this service and took place over one day in July 2010. Prior to this we looked at the information we have on the service and what details they had sent us since they were first registered.

The service sent us their Annual Quality Assurance Assessment prior to our visit which told us how they were maintaining the standards required and what they hope to do for the future. It also gave us a lot of statistical data.

During the site visit we looked at a number of records and documents and made a brief tour of the building. We also spoke to staff during and after our visit and to people who use the service and some next of kin, by telephone, after the visit.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements may now appear as recommendations - but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

What the agency does well:

The Company gives detailed information about what services it can provide, which enables people to make informed choices about using the service. Each person is given an holistic assessment to ensure the service can meet their needs.

Once the service has commenced staff make accurate records of events which have occurred and keep these up to date, ensuring people using the service and their advocates are kept informed at all times.

The Company has a robust recruitment policy to ensure staff are safe to work with people in their own homes prior to commencement of their employment. Staff are then trained to do their jobs and adequately supervised continually. Staff meetings and surveys ensure they are kept informed at all times about plans for the Company.

Staff carry identification badges and alarms in case they are required and are given mobile phones once employment has commenced. They are trained to recognise abusive situations and know how to make appropriate referrals.

A detailed policy and procedure manual is in place to help staff ensure people they are looking after are free from harm and they know how to make concerns known.

The Company is developing it's quality assurance policy to ensure all aspects of the service are being audited and they are aware of peoples needs and value their views, to ensure the business is being run for the benefit of people accessing its services.

What has improved since the last inspection?

This is the first inspection for this service.

What they could do better:

No requirements were made at this inspection.

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

User focussed services (standards 1 - 6)

Personal care (standards 7 - 10)

Protection (standards 11 - 16)

Managers and staff (standards 17 - 21)

Organization and running of the business (standards 22 - 27)

Outstanding statutory requirements

Requirements and recommendations from this inspection

User focussed services

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People are confident that the agency can support them. This is because there is an accurate needs assessment, which they, or someone close to them, have been involved in. This tells the agency all about them and the support they need and is carried out before they are offered a personal domiciliary care service.

People and their relatives can decide whether the agency can meet their support needs. This is because they, or someone close to them, have got full, clear, accurate and up to date information about the agency. People know that the agency can meet their needs because staff have the skills and experience to give them the care they need. If they decide to use the agency they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the agency that includes how much they will pay and what the agency provides for their money. People are confident that the agency handles information about them appropriately. This is because the agency follows their policies and procedures. They get a consistent, and flexible care service from reliable and dependable staff members.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Comprehensive information is available to ensure people can make informed choices about using the service and after an holistic assessment staff can ascertain whether the organisation can meet each individuals' needs.

Evidence:

This is a new service and we were given copies of the Statement of Purpose and Service Users Guide. This was in large and small print but senior management team members told us they have access to a language line for interpretation purposes and to also be able to put into audio format for those who can not read or understand written English. These documents gave overall information about the type of services the organization can provide. In part of the documentation it stated they can "Care for the whole person - body, mind and spirit". The documents detail what can be provided

Evidence:

such as catheter care and assisting with ear and eye drop treatment. But also details what they can not provide such as ear syringing and injections. This enables prospective service users to be able to make informed choices as to whether the service can meet their needs.

To enable the service to understand each person's needs an holistic assessment takes place prior to the commencement of a contract to ensure the organisation can meet their needs. A comprehensive assessment tool was seen to be in use and only senior management members make the final decisions as to the provision the organisation can provide. As this document is very detailed it also states the level of service to be provided, times and days of week. As service users or their advocates sign to say they agree with this plan of care this acts as a contract.

Information about people using the service is accessed on a need to know basis only and records kept securely in the organisaiton offices. The topic of confidentiality is approached with all staff members at their induction, records of which we saw.

People told us they felt the assessment process was "necessary" and felt staff would not break any confidentiality issues.

Personal care

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the agency is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. Their right to privacy is respected and the support they get from workers is given in a way that maintains their dignity. If people take medicine, they manage it themselves if they can. If people cannot manage their medicine, the agency supports them with it in a safe way.

People's needs and goals are met. The agency has a plan of care that the person, or someone close to them, has been involved in making. They are able to make decisions about their life, with support if they need it, as the staff promote their rights, choices and independence.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples care plans are reviewed regularly to ensure they meet their current needs.

Evidence:

The service has been operational for a few months since its Registration with the Care Quality Commission (CQC). It only has four service users who currently receive some form of domiciliary care service. Over twenty other people receive home help type of provision such as shopping and cleaning.

We looked at all four care plans. The documentation was comprehensive and there was good follow through of care needs being provided. For example where it had been decided at the assessment stage a person required help administering their prescribed medication, details were on file of that person's GP, district nurse and chemist. The care plan detailed how many calls were required to ensure medication was administered on time and on what days. A service objective was written to explain why this was taking place, the role of the carer and any emergency measures to be taken, should the person fall ill, which was on the medication risk assessment. This ensures the person can receive their medication as prescribed to enable their well being.

On another file, a person required prompts with baths. The care plan detailed the

Evidence:

person's preferences initially and once the service had commenced alterations were made to times, at the request of the person. This had been documented by staff. Risk assessments were also in place concerning the environment (such as a low bath), manual handling needs and physiological support required. Staff were making detailed records on the comments pages as to how each task had been completed, when and how the person was feeling. This was then audited by a member of the management team on telephone contact with the individual.

To ensure people are receiving what they need and the care plans reflect those needs we saw documented evidence to support that regular telephone contact is made with each individual, 3 and 6 monthly reviews were recorded and any other interaction from the person or their advocate. Such as when a person was taken out by a family member or was in hospital.

The care plans were legibly written and clear. There was concise follow through on the records when for example a GP had to be called. This would be recorded on the comments and observation sheet kept in the person's home, on an alert form and on records kept in the main office when a family member and GP had been telephoned. This ensures all significant events are recorded and where necessary the care plan adapted.

The organisation also has been keeping CQC informed of an reportable significant incident so we can make a judgment as to whether enough suitable action had been taken to protect each individual.

Staff told us they were happy with the documents they had to complete and appeared to understand the reasons for accurate recording. They had also appreciated the amount of induction and training they had received, which we saw in documented form, to enable them to do their jobs.

A general risk assessment is also completed for each home setting covering such topics such as pets, infectious diseases and electrical goods. Each section was numbered and refereed to in the main care plan which enables staff to ensure they are aware of any risks particular to that home setting.

There was no written evidence that the management team were monitoring the care plans as accurate records but was something they were looking into. This will ensure staff are aware of maintaining accurate records which reflect peoples needs.

There were detailed policies concerning the administration of medication, which all staff had signed to say they had read and understood. This ensures they can administer correctly any prescribed medication.

Protection

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People using the agency are safeguarded. This is because the agency follows health and safety procedures, keeps records appropriately and ensures their staff follow policies and understand the importance of assessing risks. The agency safeguards people from abuse, neglect and self harm and takes action to follow up any allegations.

People are confident that their property and money will always be safe as the agency follows the right procedures. Their health and rights are safeguarded as the staff keep an accurate record in their home of all the support they give them.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A robust system is in place to ensure people are protected from harmful situations and staff trained to recognise abusive situations.

Evidence:

In the main office the organization keeps copies of the local Safe Guarding Policy for North East Lincolnshire for adults and children, which staff told us they can access at any time. The staff records showed that all staff had received training in this topic to ensure they know how to protect people they are looking after. There is also a Company policy on this topic which we discussed with the manager and minor adjustments need to be made to ensure staff are clear of when to pass information to CQC. A Company representative currently attends the Providers Forum for Safe Guarding, locally, which enables the organization to keep up to date.

Since it commenced operating the staff had seen fit to refer one concern to the local safe guarding team, and had also let CQC know. They had been disappointed in the length of time it had taken to obtain the outcome result of this referral, which CQC will pass on to the relevant organisation. Suitable action had been taken at the time by the organisation, to help this person be free from risk and harm.

To ensure staff are safe when visiting individual homes each person carries an identification badge which is linked to a protection alarm system. A staff member

Evidence:

explained that if necessary this can be triggered when they enter a home and when they leave but another part of the alarm system triggers an emergency aid response. Staff in the office keep details to hand at all times of staff members details and cars and where they are likely to be at any time of the day. This ensures they are safe and people they are visiting can see the Company they work for. Each staff member is given a mobile phone on commencement with the Company.

Details are also kept of individuals' safe key systems to ensure staff can have access when required. This is divulged on a need to know basis only for security reasons.

A system is currently in place for staff to keep details of staff duty rotas and which people are being visited. This includes the management team when they are on call.

The system did not appear very robust and staff are currently looking into ways of improving this to ensure Data Protection guidance is not breached.

Managers and staff

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People have confidence in the staff at the agency because checks have been done to make sure that they are fit to do the job. Their needs are met and they are supported as the staff get relevant training, support and supervision from their managers.

People have safe and appropriate support because the staff providing their care are qualified and competent. They are confident that the staff that provide their support are clear about their roles and responsibilities.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A robust recruitment system is in place to ensure staff are safe to work with people in their own homes prior to commencement of employment and they are then trained and supervised to do their jobs.

Evidence:

As Havelok at Home is part of a larger organisation the human resources section of the Company supports this part of the Company with recruitment and retention issues. The office was able to show me the four staff files. There was sufficient evidence to support that adequate safety checks had been made prior to their commencement of employment to ensure they were safe to work with people in their own homes.

The job description was detailed and reflected the type of service provision set out in the Company Statement of Purpose and Service Users guide.

We also saw files which detailed the staff inductions and records of training, which were supported by certificates on a variety of topics. The evidence in these files reflected the personal development plans for each individual and topics specific to them. An alert system on the computer showed where staff were due up dates in their mandatory training to ensure they are safe to work with people in their homes. Staff we spoke to told us they had welcomed the training they had been offered and said they were supported by the management team when they needed extra training. A trainer informed us that staff had been receptive to training being delivered and

Evidence:

participated in group work well.

We randomly looked at a number of staff supervision records and found the sessions took place on a regular basis. The written records described the issues discussed, any action to take and by whom. There was inconsistency in the follow through of topics and we could not always see the evidence to support that action from previous sessions had been challenged and verified on the following occasion. This would help staff to be aware of completing tasks when asked.

The management team appear to be planning different training topics as more people start to receive services from them with different needs, which will ensure staff can meet those peoples needs when asked.

Organization and running of the business

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People get consistent and planned support from the agency because the manager runs it appropriately with an open approach that makes them feel valued and respected.

People using the agency are safeguarded because it follows financial and accounting procedures, keeps record appropriately and ensures that their staff follow policies. If people have concerns about the agency they, or people close to them, know how to complain. Their concern is looked into and action taken to put things right.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A system is in place to ensure the views of people using the service are being taken into consideration and that the business is being run for their benefit.

Evidence:

Safety precautions were in place in the building the main office is situated in and the areas seen appeared free from hazards.

We tracked two peoples care needs by looking at their plan of care, the hours and types of service required on set days. This was checked with details on the computer system, used for invoicing and the time sheets of staff. We also spoke to staff and people receiving these services to check the provision being delivered. The systems showed accurate recording and people told us they were satisfied with the level of provision and the "kindness" of the staff.

The policy and procedure manual showed when individual policies had been updated which was between October 2009 and March 2010. Staff signatures were seen to show they had read and understood them to enable them to look after people safely.

No complaints had been made directly to the Company since the commencement of the service and none to CQC. People told us they had every confidence in going to the management team, should the need arise and felt they would deal with any issues in confidence.

The management team were able to produce a number of documents to show that they are taking the views of people using the service into consideration. This is

Evidence:

recorded in regular telephone records and individual reviews plus surveys to people using the service and visits to peoples own homes.

People told us they were "reassured" with this process and felt the could contribute at each stage of their plan of care.

Staff also told us how well supported they felt by the Company and local management team and welcomed the team meetings, (minutes of which we saw for March, June and July).

The Company are currently developing surveys for staff and other stakeholders and also a different Regulation 26 report system, more tailored to this service's needs, than the one we saw currently in use. This ensures that all aspects of the service are being checked to ensure the business is being run for the people using it.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this domiciliary care agency. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	The management team should have an auditing system in place to ensure staff are accurately recording all events with the person receiving the service.
2	11	Staff should ensure that information carried out side the secure office base can not be tampered with and Data Protection guidance is not breached.
3	14	The policy on abuse kept by the Company should be amended to ensure it is clear to staff when they should notify CQC of any safe guarding concerns and referrals.
4	21	There should be follow through on staff supervision records from one session to another when action has been asked to be taken.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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